

**BOARD OF PSYCHOLOGY**

1422 HOWE AVENUE, SUITE 22
 SACRAMENTO, CA 95825-3200
 (916) 263-2699
 www.psychboard.ca.gov



**NOTIFICATION OF NAME CHANGE
 APPLICATION FOR DUPLICATE WALL/POCKET CERTIFICATE**

AFFIDAVIT FOR NAME CHANGE

I, _____, hereby certify that I am currently licensed or registered to practice psychology in the State of California and am the holder of License/Registration Number _____ issued under the name of _____ . I have changed my name and now legally use the name of:

(First)_____
(Middle, optional)_____
(Last)

I am requesting that you change my records to reflect my new name.

AFFIDAVIT FOR DUPLICATE CERTIFICATE

- ☐ Duplicate Wall Certificate (*Please include the \$5.00 processing fee & the incorrect certificate*)
☐ Duplicate Pocket Certificate (*Please include the \$5.00 processing fee & the incorrect certificate*)

I, _____, hereby certify that I am currently licensed or registered to practice psychology in the State of California and am the holder of License/Registration Number _____. I am applying for a duplicate wall/pocket certificate for the following reason: (Please ✓ a box)

- ☐ The wall/pocket certificate that was issued was lost, stolen or never received. (Please circle one)
☐ The pocket certificate that was issued has an incorrect address and the following is the new address:

 (No.) (Street) (City) (State) (Zip)

- ☐ Other (please specify): _____

Return your incorrect certificate(s) along with the necessary processing fee(s) and this affidavit to the Board.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

(Signature)_____
(Date)_____
(Daytime Phone Number)